

CITY OF JERSEY CITY DEPARTMENT OF HEALTH & HUMAN SERVICES

DR. MARTIN LUTHER KING, JR. CITY HALL ANNEX 1 JACKSON SQUARE | JERSEY CITY, NJ 07305 P: 201 547 6800



2019 Jersey City Dog License Application

Licenses may be purchased for a period of 12 Months (1 Year expires 04/30/20) or 36 Months (3 Years expires 04/30/22).

Please complete the form below and return it along with your check/money order made to:

City of Jersey City, Department of Health and Human Services.

Dr. Martin Luther King, City Hall Annex.

1 Jackson Square Jersey City, NJ 07305

You may also renew online http://bit.ly/JerseyCityDogLicense

All fees are effective 05/01/2019 and are non-refundable

1 (one) Year License (Expires 04/30/2020) Neutered dogs: \$10.00 per dog

Unneutered dogs: \$10.00 per dog

Rabies shots must be up to date and cannot expire before 03/01/2020

3 (three) Year License (Expires 04/30/2022)

Neutered dogs: \$25.00 per dog Unneutered dogs: \$50.00 per dog

Rabies shots must be up to date and cannot expire before 03/01/2022

DOG OWNER/GUARDIAN INFORMATION [Please Print]

First Name:	La	st Name		
Street Address:			Apt:	
Zip Code:	Home Phone:	Oth	er Phone:	
Email Address:				
(PLEASE PRINT ONLY).	We will not share your email address	s and will be used to rep	lace paper corresponde	ence.
	DOG INFOR	RMATION [Please Print]		
Is this a renewal or fire	st time dog license application? (Plea	se circle one)		
Dog's Name:	Do	g's Age:S	Sex: Size: (S) (M) (L)
Breed:	Color and Markin	gs:	Hair Lo	ength (L) (M) (S)
Microchip # and Comp	pany			
	5 (5)			//Neutered is required)

Proof of Rabies Vaccination or Exemption

All applications require a copy of the rabies vaccination certificate showing it to be valid through the license period and attached to this application when filed. If your Veterinarian is exempting your dog from this vaccination, New Jersey State Law <u>8:23A 4.3</u> requires that a duly licensed veterinarian certifies in writing that the dog is incapable of being inoculated because of an infirmity, other physical condition, or regimen of therapy. We require the original exemption letter or the New Jersey Department of Health (VPH-28) "CERTIFICATE OF EXEMPTION FROM RABIES VACCINATION FORM" showing it to be valid through the license period and attached to this application. https://www.nj.gov/health/forms/vph-28.pdf